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Atty. Dkt. No. 053466-0409

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Osamu OKUDA et al.

Title: METHODS FOR TREATING INTERLEUKIN-6  
RELATED DISEASES

Appl. No.: 10/554,407

Filing Date: 10/24/2005

Examiner: Prema Maria Mertz

Art Unit: 1646

Confirmation 4578

Number:

**TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims		Extra		Additional
	As Amended	Previously Paid For	Claims Present	Rate	
Total Claims:	53	-	80	= 0	x \$50.00 = \$0.00
Independent Claims:	10	-	15	= 0	x \$200.00 = \$0.00
	First presentation of any Multiple Dependent Claims:				+ \$360.00 = \$0.00
	CLAIMS FEE TOTAL				

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[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00	\$0.00
[ X ]	Extension for response filed within the third month:	\$1,020.00	<u>\$1,020.00</u>
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:		<u>\$1,020.00</u>
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<u>\$1,020.00</u>
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:		<u>\$0.00</u>
	<b>TOTAL FEE:</b>		<b>\$1,020.00</b>

A credit card payment form in the amount of \$1,020.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 16, 2007 By Stephen B. Maebius

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